Ohio Campaign Finance Report



_				Prescribed by Secreta	ary or state 3/	03	05 A			2:		
Full Name of Committee Kevin L. Boy	ce Fo	or Columbu	s Ci	ity Council (Comm	ittee	1 N 13 M	LAW.	tion Nur Nur ELE	NJA L	}	
Full Name of Candidate Kevin L. Boy	ce				¥ - // 1		-	*****			•	
Street Address 250 West Str	eet					Office Sought City Coun	cil			Distric	t	
City						ony oour	Sta	te	Zip Co	 ^{de} 1321	5	
Columbus							OH	D . C	ł	102	Annual	Year
Type of Report (place X to the left of repor type)		Pre-Primary July Monthly		Post-Primary August Monthly		Pre-General September Monthly		Post-Ge Termina			Semian	nual
Amended Report?	s 🖪 No	Report Electronically F	iled?	Yes No	Date of I	Election	0 M	5	0	3	0	^Y 5
For candidates only, during a No other forms are required f							post-peri	ods at on	e election	ı, check	box 🗆	
				••				T				
	1. Am	ount brought forward	from las	t report			,299	 	_	/		
	2. Tot:	al monetary contribution	ons (Fro	m Form No. 31-A)		s \$45	,685	<u> '</u>	$\perp \!\!\!\! \! \!\!\!\! \!$			
	3. Tota	al other income (From	Form N	o. 31-A-2)		\$	\$0	00	_			
	4. Tota	al funds available (sum	of lines	1, 2, 3)		s \$50	,984	85		/		
	5. Tota	al monetary expenditu	res (Fro	m Form No. 31-B)		s \$10	,295	47	」レ			
	6. Bal	ance on hand (line 4 mi	inus line	:5)		s \$40	,689	38				
	7. Vali	ue of in-kind contribut	ions rec	eived (From Form No. 3	51-J-1)	\$	\$0	00				
	8. Val	ue of in-kind contribut	ions ma	de (From Form No. 31-	J-2)	\$	\$0	00				
	9. Out	standing loans owed by	y commi	ittee (From Form No. 3	1-C)	\$	\$0	00				
	10. Oı	itstanding debts owed l	by com	nittee (From Form No.	31-N)	\$	\$0	QO				
	11. Ou	itstanding loans owed t	о соши	ittee (From Form No. 3	i-K)	\$	\$0	00				
	12. Va	lue of independent exp	enditur	es made (From Form N	o. 31-U)	\$	\$0	00				
		r Electronic Filing Ent ım of lines 2, 7, and am		y any new loans received	this period.	s						
					<u> </u>			1				
THE INFORMATION COL	TY OF A F	ELONY OF THE FIF		GREE.	- 0	TION FALSIFICATION	N. WHO					
Aaron L. Gra			_	Signature	4.100	anger)4/21 Date		5	
•						1	-					
Contribution pages 24		Expenditu pag	-7			her 6				Total pages	80 3	34

Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City	Council C	ommittee		
Full Name of Contributor Nationwide Better Citizen Fund	Registration Number, if OH259	PAC		
Street Address One Nationwide Plaza	Employer Occupation Europ Organization			Form (Cash, Check, etc.) check
City Columbus	Stake OH	Zip Code 43215	0 1 2 7 0 5	Amount \$250.00
Full Name of Contributor Adam Flatto			Registration Number, if	PAC
Street Address 136 E. 64th Street, Apt. #8-E	Employer/Occu	pation/Labor Organization*	_	Form (Cash, Check, etc.) check
City New York	Stafe NY	Zip Code 10021	0 1 2 7 0 5	Amount \$1,000.00
Full Name of Contributor Omni Management Group, LTD			Registration Number, if	PAC
Street Address 3433 Agler Road, Suite 2000	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43219	0 1 2 7 0 5	Amount \$150.00
Full Name of Contributor Frank J. Cipriano			Registration Number, if	PAC
Street Address 39 E. Whittier St.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43206	0 1 2 7 0 5	Amount \$1,000.00
Full Name of Contributor Nisource Inc. PAC			Registration Number, if FEC #C0005	
Street Address 200 Civic Center Drive	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	0 1 2 7 0 5	Amount \$1,000.00
Full Name of Contributor Daniel Helmick			Registration Number, if	PAC
Street Address 250 West Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	0 ^M 1 3 1 0 5	Amount \$250.00
Full Name of Contributor J. P. Morgan Chase & Co. PAC			Registration Number, if FEC #C0012	
Street Address 270 Park Ave.	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City New York	Stațe NY	Zip Code 10017	0 3 0 7 0 5	Amount \$250.00
Full Name of Contributor Crabbe Brown & James			Registration Number, if	PAC
Street Address 500 South Front Street, Suite 1200	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 5	Amount \$1,000.00

Page Total \$4,900.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received



Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Vorys Sater Seymour and Pease L	LP		Registration Number, if	PAC
Street Address 52 East Gay Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 5	Amount \$500.00
Full Name of Contributor Ronald A. Pizzuti			Registration Number, if	PAC
Street Address Two Miranova Place, Suite 800	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 5	Amount \$1,000.00
Full Name of Contributor The Huntington Bancshares Incorp	orated PAC		Registration Number, if C00165589	PAC
Street Address 41 South High Street	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	$\begin{bmatrix} M & D & D \\ 0 & 3 & 0 & 7 & 0 \end{bmatrix}$	5 \$1,000.00
Full Name of Contributor Chester Willcox & Saxbe			Registration Number, if #OH843	PAC
Street Address 65 East State Street, Suite 1000	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 5	***************************************
Full Name of Contributor The Columbus Group			Registration Number, if OH1112	PAC
Street Address 500 South Front Street	Employer/Occu	npation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	$\begin{bmatrix} 0^{\text{M}} & 3 & 0^{\text{D}} & 7 & 0^{\text{Y}} \end{bmatrix}$	Amount \$1,000.00
Full Name of Contributor Bricker & Eckler LLP			Registration Number, if #OH821	PAC
Street Address 100 South Third Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	0 3 0 7 0 5	Amount \$500.00
Full Name of Contributor			Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount
Full Name of Contributor	1	····	Registration Number, if	PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	M D Y	Amount

Page Total \$4,500.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page 3

Page Total \$36,285.00

Statement of Contributions Received

Prescribed by Secretary of State 03/05

ouncil Cor	nmittee				
		Regist	ration Nun	nber, if PA	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	0 ^M 3	3 0	0 5	Amount \$14,560.00
		Regist	ration Nun	nber, if Pa	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	0 ^M 3	2 2	0 5	Amount \$4,000.00
		Regist	ration Nur	nber, if Pa	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	0 4	0 6	0 ^Y 5	Amount \$1,925.00
		Regist	ration Nun	nber, if P	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	0 ^M 4	1 2	p ^Y 5	Amount \$15,800.00
		Regist	ration Nur	nber, if Pa	AC
Employer/Occupati	on/Labor Organization*	· .			Form (Cash, Check, etc.)
State OH	Zip Code	М	D	Y	Amount
		Regist	ration Nur	nber, if Pa	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	M	D	Y	Amount
•		Regist	ration Nun	nber, if P	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	M	D	Y	Amount
		Regist	ration Nun	nber, if Pa	AC
Employer/Occupati	on/Labor Organization*				Form (Cash, Check, etc.)
State OH	Zip Code	М	D	Y	Amount
	Employer/Occupati State OH Employer/Occupati	Employer/Occupation/Labor Organization* State OH Zip Code Employer/Occupation/Labor Organization* State OH Zip Code Employer/Occupation/Labor Organization* State Zip Code Employer/Occupation/Labor Organization* State Zip Code OH Zip Code Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State OH O 3 Regist Employer/Occupation/Labor Organization* State OH O 3 Regist Employer/Occupation/Labor Organization* State OH O 4 Regist Employer/Occupation/Labor Organization* State OH O 4 Regist Employer/Occupation/Labor Organization* State OH O 4 Regist Employer/Occupation/Labor Organization* State OH Employer/Occupation/Labor Organization* State OH Regist Employer/Occupation/Labor Organization*	Employer/Occupation/Labor Organization* State OH	Employer/Occupation/Labor Organization* Stake

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Event Date_3/30/05	
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Page	

Prescribed by Secretary of State 03/05

NT	_		· · · · · · · · · · · · · · · · · · ·
Name of Committee in Full Kevin L. Boyce For Columbus City C	Council Committe	ee	
Full Name of Contributor Friends of Peter Lawson Jones	Registration Number, if PAC		
Street Address 21750 Shaker Boulevard	Employer/Occupa	ation/Labor Organization*	M D Y Amount 0 3 2 6 0 5 \$150.00
City Shaker Heights	State OH	Zip Code 44122	Form (Cash, Check, etc.) Check
Full Name of Contributor George J. Sicaras			Registration Number, if PAC
Street Address 2460 North High Street		ation/Labor Organization*	M D Y Amount \$150.00
City Columbus	Sta te OH	Zip Code 43202	Form (Cash, Check, etc.) check
Full Name of Contributor Wiliam P. Demora			Registration Number, if PAC
Street Address 100 Warren Street	Employer/Occupa	ation/Labor Organization*	0 3 2 6 0 5 \$50.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) check
Full Name of Contributor Stephanie R. Barnett			Registration Number, if PAC
Street Address 1325 Haddon Road	Employer/Occupa	ation/Labor Organization*	M D Y Amount 3150.00
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor Ted Barrows			Registration Number, if PAC
Street Address 4834 Sarasota Drive	·	ation/Labor Organization*	0 3 2 6 0 5 Amount \$150.00
City Hilliard	OH.	Zip Code 43026	Form (Cash, Check, etc.) Check
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC
Street Address 1088 Fountain Lane, Apt. F	Employer/Occup	ation/Labor Organization*	0 3 2 6 0 5 Amount \$150.00
City Columbus	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) Check
Full Name of Contributor Committee to Elect Ray Miller	Registration Number, if PAC		
Street Address 17 South High Street		ation/Labor Organization*	0 4 0 6 0 5 Amount \$250.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event					
\$0.00					

Total expenditures this event.

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_ 3/30/05	
Page 5	

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Name of Committee in Full					
Full Name of Contributor	Registration Number, if PAC				
Roetzel & Andress LPA					
Street Address 222 South Main Street	Employer/Occupa	ation/Labor Organization*	M D Y Amount 0 4 0 6 0 5 \$150.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Akron	OH	44308	check		
Full Name of Contributor			Registration Number, if PAC		
SBC Ohio Employee Political Action Com					
Street Address 150 East Gay Steet, Room 4A	Employer/Occupa	ation/Labor Organization*	M D Y Amount \$1,000.00		
City City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Peter H. Edwards					
Street Address 495 South High Street, Suite 150	Employer/Occupa	ation/Labor Organization*	M D Y Amount 0 4 0 6 0 5 \$150.00		
City City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor	<u></u>	<u> </u>	Registration Number, if PAC		
Laurence G. Ruben	· · · · · · · · · · · · · · · · · · ·				
Street Address 140 South Columbia Ave.	Employer/Occupa	ation/Labor Organization*	M D Y Amount \$150.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH,	43209	check		
Full Name of Contributor			Registration Number, if PAC		
George J. Kontogiannis	· · · · · · · · · · · · · · · · · · ·				
Street Address 400 South Fifth Street, Suite 400	Employer/Occupa	ation/Labor Organization*	0 4 0 6 0 5 Amount \$150.00		
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor	<u> </u>		Registration Number, if PAC		
John C. Rosenberger Street Address		ation/Labor Organization*	M D V Amount		
804 City Park Ave.	$0^{\text{M}} 4 \ 0^{\text{D}} 6 \ 0^{\text{Y}} 5 \ ^{\text{Arnount}} 150.00				
City	Stal te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	check		
Full Name of Contributor Thomas E. Szykowny	Registration Number, if PAC				
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount		
250 S. Parkview Ave.		Trin C. 1	0 4 0 6 0 5 \$150.00		
^{City} Bexley	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) Check		
55.1.5	- 10				

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	Conti ioutions	uns	event
<u> </u>		_	

Total expenditures this event.

\$0.00

Page Total \$ 1,900.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	3/30/05	
Page 6		

Prescribed by Secretary of State 03/05

			····			
Name of Committee in Full						
Full Name of Contributor			Registration Number, if PAC			
Terrence R. Heffernan						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
175 South Third Street, 9th Floor			0 4 0 6 0 5 \$100.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	check			
Full Name of Contributor			Registration Number, if PAC			
Richard A. Talbott						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
4236 Shire Cove Road		v	0 4 0 6 0 5 \$150.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Hilliard	OH	43026	check			
Full Name of Contributor			Registration Number, if PAC			
Edward O. Vance						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
248 Thornewood Drive		· ·	0 4 0 6 0 5 \$150.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Granville	OH	43023	check			
Full Name of Contributor			Registration Number, if PAC			
Don L. Brown						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
3921 Lytham Court			0 4 0 6 0 5 \$100.00			
City	Sta te	Zip Code	Form (Cash, Check, etc.)			
Upper Arlington	OH	43220	check			
Full Name of Contributor	<u> </u>		Registration Number, if PAC			
Feriends For Thomas						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
250 West Steet			0 4 0 6 0 5 \$1,000.00			
City	Stal te	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43215	check			
Full Name of Contributor	<u>'</u>		Registration Number, if PAC			
Mark K. Milligan						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
P.O. Box 12333			0 4 0 6 0 5 \$150.00			
City	Stalte	Zip Code	Form (Cash, Check, etc.)			
Columbus	OH	43212	check			
Full Name of Contributor	, , , , , , , , , , , , , , , , , , ,		Registration Number, if PAC			
Tobias A. Iloka						
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount			
6677 Spring Run Drive			0 4 0 6 0 5 \$150.00			
City	Stal te	Zip Code	Form (Cash, Check, etc.)			
Westerville	OH	43082	check			

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event
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Total expenditures this event.

\$0.00

Page Total \$ 1,800.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 3/30/05
Page 7
145

Prescribed by Secretary of State 03/0

	Treserroed by Secret	ary or state os. os	
Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
A. Michael Schwarzwalder			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
357 W. Hubbard Ave.			0 4 0 6 0 5 \$100.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Aaron L. Granger			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
6889 Bonnie Brae Lane		Im a i	0 4 0 6 0 5 \$150.00
City	Stal te	Zip Code	Form (Cash, Check, etc.) check
Columbus Full Name of Contributor	OH	43235	Registration Number, if PAC
Michael K. Fultz			Registration Number, if FAC
Street Address	F1(O	ation / about Organization*	M D Y Amount
452 South Otterbein Ave.	Employer/Occup	ation/Labor Organization*	0 4 0 6 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43081	check
Full Name of Contributor			Registration Number, if PAC
Richard C. Pfeiffer			
Street Address			
238 E. Royal Forest Blvd.			0 4 0 6 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43214	check
Full Name of Contributor			Registration Number, if PAC
Julia L. Dorrian			
Street Address	Employer/Occup	ation/Labor Organization*	0 4 0 6 0 5 Amount \$150.00
130 Northridge Road			
^{City} Columbus	Stal te OH	Zip Code 43214	Form (Cash, Check, etc.)
Full Name of Contributor	OH	40214	Registration Number, if PAC
Manoj Sethi			Registration Number, if PAC
Street Address	[F		M D Y Amount
7674 Johntimm Court	Employer/Occup	ation/Labor Organization*	0 4 0 6 0 5 \$150.00
City	Stalte	Zip Code	Form (Cash, Check, etc.)
Dublin	OH	43017	check
Full Name of Contributor	Registration Number, if PAC		
Larry Price			
Street Address	M D Y Amount		
1587 Franklin Park South			0 4 0 6 0 5 \$150.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43205	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions the	his	event
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\$0.00

Total expenditures this event.

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date	3/30/05
Q	
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor Andrew O. Eribo			Registration Number, if PAC
Street Address 4636 Carrington Way	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$150.00
^{City} Hilliard	Stalte Zip Code OH 43026		Form (Cash, Check, etc.) check
Full Name of Contributor Melinda T. Swan			Registration Number, if PAC
Street Address 2821 Kensington Place		ation/Labor Organization*	0 4 0 6 0 5 \$150.00
^{City} Columbus	Stal te OH	Zip Code 43202	Form (Cash, Check, etc.) check
Full Name of Contributor Danielle Alexander			Registration Number, if PAC
Street Address 7988 Priestley Drive		ation/Labor Organization*	0 4 0 6 0 5 \$150.00
^{City} Reynoldsburg	Stal te Zip Code OH 43068		Form (Cash, Check, etc.) check
Full Name of Contributor Anthony J. Dascenzo			Registration Number, if PAC
Street Address 1012 Hunter Ave.		ation/Labor Organization*	0 4 0 6 0 5 \$150.00
City Columbus	Stal te Zip Code OH 43201		Form (Cash, Check, etc.) check
Full Name of Contributor A. Robert Hutchins			Registration Number, if PAC
Street Address 411 E. Town Street		ation/Labor Organization*	0 4 0 6 0 5 Amount \$150.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) check
Full Name of Contributor Robert W. McLaughlin			Registration Number, if PAC M D Y Amount
Street Address 105 W. Plum Street	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$150.00
City Westerville	1		check
Full Name of Contributor Chilin Yu	Registration Number, if PAC		
Street Address 2322 Woodstock Road		ation/Labor Organization*	0 4 0 6 0 5 Amount Start (Cab Check day)
City Columbus	lumbus Stal te Zip Code 43221		Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event				
	\$0.00			

Total expenditures this event.

\$0.00

Page Total \$ \$1,050.00

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Event Date 3/30/05
Page 9

Prescribed by Secretary of State 03/0

Number of Table	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Name of Committee in Full			
Full Name of Contributor Valerie R. Harrell			Registration Number, if PAC
Street Address 1449 Cottingham Ct. W.	Employer/Occupation/Labor Organization*		M 4 0 6 0 5 \$150.00
City Columbus	Stal te Zip Code OH 43209		Form (Cash, Check, etc.) check
Full Name of Contributor Charles R. Santer			Registration Number, if PAC
Street Address 1320 McCoy Road		ation/Labor Organization*	0 4 0 6 0 5 \$150.00
^{City} Columbus	Stal te OH	Zip Code 43220	Form (Cash, Check, etc.) check
Full Name of Contributor Curtis J. Moody			Registration Number, if PAC
Street Address 3887 Sunbury Road		ation/Labor Organization*	0 4 0 6 0 5 \$150.00
City Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.)
Full Name of Contributor Dawn R. Tyler	Registration Number, if PAC		
Street Address 2574 Dover Road	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$150.00
City Columbus	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor Wilburn C. Weddington			Registration Number, if PAC
Street Address 75 North Ohio Ave.		ation/Labor Organization*	0 4 0 6 0 5 Amount \$150.00
City Columbus	Stal te OH	Zip Code 43203	Form (Cash, Check, etc.) Check
Full Name of Contributor Eric D. Carmichael			Registration Number, if PAC
Street Address 1299 Brookwood Place	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$150.00
City Columbus	Columbus OH 43209		Form (Cash, Check, etc.) Check Registration Number if PAC
Full Name of Contributor Paul H. Coleman	Registration Number, if PAC M D Y Amount		
Street Address 1299 Haddon Road		ation/Labor Organization*	M D Amount S S S S S S S S S
Columbus	Stal te OH	Zip Code 43209	check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contributions	this	event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,050.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_ 3/30/05
16
Page

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
McCullough Williams			
Street Address	Employer/Occup	M D Y Amount	
6171 Lynanne Ct			0 4 0 6 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43231	check
Full Name of Contributor			Registration Number, if PAC
Daniel M. Slane			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
261 W. Johnstown Road		In a s	0 4 0 6 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43230	check
Full Name of Contributor Columbus Apartment Association PAC			Registration Number, if PAC OH#146
Street Address			M D Y Amount
1225 Dublin Road	Employer/Occup	ation/Labor Organization*	0 4 0 6 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	OH	10210	Registration Number, if PAC
Nicholas C. Cavalaris			,
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
37 West Broad Street	Employ en occup	action Date of Significant	0 4 0 6 0 5 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH 43215		check
Full Name of Contributor	Registration Number, if PAC		
Harrison W. Smith, Jr.			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
37 West Broad Street			0 4 0 6 0 5 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Pumbers & Pipefitters			Registration Number, if PAC
·			
Street Address 1250 Kinner Road	Employer/Occup	ation/Labor Organization*	0 4 0 6 0 5 Amount \$300.00
		True of	
City Columbus	Stal te	Zip Code 43212	Form (Cash, Check, etc.)
Full Name of Contributor Michael Sexton			Registration Number, if PAC
			M D Y Amount
9 Buttles Ave., Apt. 414	Employer/Secupation Baser Organization		0 4 0 6 0 5 \$100.00
City			Form (Cash, Check, etc.)
Columbus	OH 43215		check
* Province of Company and the design of the design of the company			utor is self-ampleted, the accumation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	COMMIDATIONS	unseven
	ΦΩ	$\cap \cap$

Total expenditures this event.

\$0.00

Page Total \$ 1,450.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_3/30/05
Event Date
Page

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Gail A. White-Dixon			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1652 Bryden Road			0 4 0 6 0 5 \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43205	check
Full Name of Contributor			Registration Number, if PAC
Jamie A. Liggins Street Address			M D Y Amount
3146 Cumberland Woods Drive.	Employer/Occup	ation/Labor Organization*	0 4 0 6 0 5 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43219	check
Full Name of Contributor			Registration Number, if PAC
H. Lee Thompson			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
85 East Gay Street, Suite 810			0 4 0 6 0 5 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Anthony P. English			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount 3300.00
2890 Wambli Drive	State	Zip Code	0 4 0 6 0 5 \$300.00 Form (Cash, Check, etc.)
City Columbus	Stal te OH	43219	check
Full Name of Contributor	OI1	143213	Registration Number, if PAC
Gayle Channing Tenenbaum			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
164 North Harding Road			0 4 0 6 0 5 \$250.00
City Columbus	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.)
	OH	43209	
Full Name of Contributor Citizens With Ford			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1935 Shenandoah Ave.			0 4 0 6 0 5 \$1,000.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Toledo	OH,	43607	check
Full Name of Contributor Howard Heard			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1186 Geers Ave.			0 4 0 6 0 5 \$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
* D : 16	statementals and Company 1 As	annulater annuli datan. If annutriba	utor is salf amployed the occumation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions the	his event
\$0.0	00
Ψ0.0	

Total expenditures this event.

\$0.00

Page Total \$ 1,825.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_3/30/05	
Page 12	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Institle of Commutee in Full			
Full Name of Contributor	Registration Number, if PAC		
Jackson B. Reynolds, III			
Street Address 37 West Broad Street	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 4 0 6 0 5 \$300.00
City	State	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Jeffrey L. Brown			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
37 West Broad Street	9.1	Ta: 0 1	0 4 0 6 0 5 \$300.00
Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)
Columbus Full Name of Contributor	UII	40210	Registration Number, if PAC
David L. Hodge			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
37 West Broad Street			0 4 0 6 0 5 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	ОН	43215	check
Full Name of Contributor		Registration Number, if PAC	
Albert S. Hall Street Address	P. 110	akion (Labor Onno 1994)	M D Y Amount
322 Vine Lane	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$300.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
West Amherst	NY	14228	check
Full Name of Contributor Edward J. Leonard			Registration Number, if PAC
Street Address 4025 Berrybush Drive	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$100.00
City Gahanna	Sta te OH	Zip Code 43230	Form (Cash, Check, etc.)
Full Name of Contributor Barbara J. Clark			Registration Number, if PAC
Street Address 431 E. Broad Street	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$50.00
Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Kelly M. Brown	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Street Address 4729 Harbinger Circle, East		ation/Labor Organization*	0 4 0 6 0 5 Amount \$200.00
^{City} Whitehall	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) check
	1.0	11 111 70 13	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event				
	\$0.00			

Total expenditures this event.

\$0.00

Page Total \$ 1,550.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 3/30/05	1
Page 13	

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor	Registration Number, if PAC		
Amy Debra Klaben			
Street Address 238 N. Cassady Ave.	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Bexley	ОН	43209	check
Full Name of Contributor Marty Anderson			Registration Number, if PAC
Street Address	Employer/Occup	M D Y Amount	
3409 River Seine Street	Sta te	Zip Code	0 4 0 6 0 5 \$50.00 Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor			Registration Number, if PAC
Jeffrey W. Edwards			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
495 South High Street, Suite 150		In a	0 4 0 6 0 5 \$150.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)
Full Name of Contributor	ОП	43213	Registration Number, if PAC
Michael Bell			1
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2148 Pleasant Colony Dr.			0 3 3 0 0 5 \$100.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Lewis Center	OH		cash
Full Name of Contributor Clyde Bridges			Registration Number, if PAC
Street Address 2272 Somersworth Drive North	Employer/Occupation/Labor Organization*		0 3 3 0 0 5 Amount \$100.00
^{City} Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.)
Full Name of Contributor			
Edward J. Leonard	Registration Number, if PAC		
Street Address 4025 Berrybush Drive	Employer/Occupation/Labor Organization*		0 4 0 6 0 5 Amount \$50.00
City Gahanna	Stal te OH	Zip Code 43230	Form (Cash, Check, etc.)
Full Name of Contributor David B. Perry			Registration Number, if PAC
Street Address 6651 Dutch Lane Road		ation/Labor Organization*	0 4 2 0 0 5 Amount \$150.00
City Johnstown	Stal te OH	Zip Code 43031	Form (Cash, Check, etc.) check
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total c	contributions this event
	\$0.00
ı	

Total expenditures this event.

\$0.00

Page Total \$ \$700.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 3/30/05	
Page	

Prescribed by Secretary of State 03/05

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor Douglas R. McCloud			Registration Number, if PAC
Street Address 1666 Birdsong Ct.	Employer/Occupa	ation/Labor Organization*	M D Y Amount 0 4 2 0 0 5 \$250.00
^{City} Blacklick	Stal te OH	Zip Code 43004	Form (Cash, Check, etc.) check
Full Name of Contributor Boyce Safford, III			Registration Number, if PAC
Street Address 3451 Society Hill Court		ation/Labor Organization*	0 4 2 0 0 5 \$150.00
City Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.) check
Full Name of Contributor Committee to Elect Fred Strahorn			Registration Number, if PAC
Street Address 223 Kenwood		ation/Labor Organization*	0 4 2 0 0 5 \$100.00
City Dayton	Stal te OH	Zip Code 45406	Form (Cash, Check, etc.) check
Full Name of Contributor Edward P. Ferris			Registration Number, if PAC
Street Address 1959 Collingswood Road	Employer/Occupa	ation/Labor Organization*	0 4 2 0 0 5 \$150.00
City Upper Arlington	Stalte OH	Zip Code 43221	Form (Cash, Check, etc.) check
Full Name of Contributor Margaret Reynolds			Registration Number, if PAC
Street Address 4789 Augustus Court		ation/Labor Organization*	0 4 2 0 0 5 Amount \$35.00
City Hilliard	OH.	Zip Code 43026	Form (Cash, Check, etc.) check
Full Name of Contributor Michael Bell			Registration Number, if PAC
Street Address 2148 Pleasant Colony Drive		ation/Labor Organization*	0 4 2 0 0 5 Amount \$50.00
City Lewis Center	OH Stal te	Zip Code	Form (Cash, Check, etc.) check
Full Name of Contributor Clyde Bridges			Registration Number, if PAC
Street Address 2272 Somersworth Drive		ation/Labor Organization*	0 4 2 0 0 5 Amount \$50.00
City Columbus	Stal te OH	Zip Code 43219	Form (Cash, Check, etc.) check
* Paguired for contributions from individuals over \$100	to etatewide and General Ac	sembly candidates. If contribu	ator is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event			
	T		
በ ቁስ	$\cap \cap$		

 $Total\ expenditures\ this\ event.$



^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event I	Date_3/30/05	
	15	
Page _	10	

Prescribed by Secretary of State 03/05

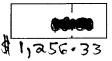
V 60 14 1 F 11			
Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Calfee, Halter/Green			FEC #C00351635
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
800 Superior Avenue, Suite 1400		-	0 4 2 0 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Cleveland	ОН	44114	check
Full Name of Contributor			Registration Number, if PAC
Columbus Firefighters Union PAC			LA 839
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
1380 Dublin Road, Suite 103			0 4 2 0 0 5 \$150.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
Rob Crane			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount Amount \$100.00
5600 Dublin Road	gul.	Zin Codo	0 4 2 0 0 5 \$100.00
City Dublin	State OH	Zip Code 43017	check
DUDIIN Full Name of Contributor		43017	Registration Number, if PAC
run name of Contioutor			Registration Number, II PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		•	Registration Number, if PAC
Current Address			M D Y Amount
Street Address	Employer/Occupa	ation/Labor Organization*	Amount
City	Stal te	Zip Code	Form (Cash, Check, etc.)
· 	OH		
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
	ploy di o o o o o pe		
City	Stalte OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
		v	
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.



^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event	Date_3/22/05	
	16	

Page Total \$ 1,000.00

Prescribed by Secretary of State 03/05

Name of Committee in Full	· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Registration Number, if PAC
Porter, Wright, Morris & Arthur LLP			
Street Address 41 South High Street	Employer/Occupa	ation/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Crabbe, Brown & James			Registration Number, if PAC
Street Address 500 South Front Street, Suite 1200	Employer/Occup	ation/Labor Organization*	M D Y Amount 0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	0	1.02.0	Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
<u> </u>	Stale	[7] C. 1	For (Cal. Challet)
City	State OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	OH		Registration Number, if PAC
Tun Name of Continuous			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Sta te	Zip Code	Form (Cash, Check, etc.)
	OH		
Full Name of Contributor	•		Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	<u></u>		Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to sta	tewide and General As	sembly candidates. If contribu	ntor is self-employed, the occupation and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
\$0.00	\$0.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 3/22/05	٦
Page 17	

Prescribed by Secretary of State 03/05

<u> </u>			
Name of Committee in Full			
Full Name of Contributor Donald T. Plank		_	Registration Number, if PAC
Street Address 685 City Park Avenue	Employer/Occupation/Labor Organization*		M D Y Amount \$250.00
City Columbus	Stal te OH	Zip Code 43206	Form (Cash, Check, etc.) check
Full Name of Contributor Richard C. Brahm		_	Registration Number, if PAC
Street Address 672 Old Pond Lane	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 \$250.00
City Powell	Stal te OH	Zip Code 43065	Form (Cash, Check, etc.) check
Full Name of Contributor Gregory B. Comfort			Registration Number, if PAC
Street Address 2275 Onandga Drive		tion/Labor Organization*	0 4 2 0 0 5 \$500.00
City Columbus	Stal te OH	Zip Code 43221	Form (Cash, Check, etc.) check
Full Name of Contributor Nelson E. Kohman			Registration Number, if PAC
Street Address 10039 Hollow Road		tion/Labor Organization*	0 4 2 0 0 5 \$500.00
^{City} Pataskala	Stal te OH	Zip Code 43062	Form (Cash, Check, etc.) check
Full Name of Contributor Terry E. George	•		Registration Number, if PAC
Street Address 8547 Stonechat Loop		tion/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City Dublin	Stal te OH	Zip Code 43017	Form (Cash, Check, etc.) check
Full Name of Contributor Robert W. Siekmann Jr.			Registration Number, if PAC
Street Address 9000 Memorial Drive		tion/Labor Organization*	0 4 2 0 0 5 \$500.00
City Plain City	OH,	Zip Code 43064	Form (Cash, Check, etc.) check
Full Name of Contributor Richard F. Hills			Registration Number, if PAC
Street Address 17 South High Street, Suite 245		tion/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this eve	ent /
\$ 4,00.00	V

Total expenditures this event.

\$0.00

Page Total \$ \$3,000.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 4/6/05	
Page 18	

Prescribed by Secretary of State 03/05

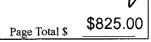
Full Name of Contributor			Registration Number, if PAC
Laurel A. Beatty			
Street Address 600 South Grant Avenue	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 Amount \$25.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor			Registration Number, if PAC
Percy Squire			
Street Address 547 Mohawk Street	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 \$250.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43206	check
Full Name of Contributor Elizabeth J. Watters			Registration Number, if PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount
1263 Broadview Ave.			0 4 2 0 0 5 \$100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43212	check
Full Name of Contributor			Registration Number, if PAC
Carol O. Ray	-		
Street Address 2030 Tremont Road	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 \$50.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor Jesse M. Hemphill	•		Registration Number, if PAC
Street Address 4724 Carriage Drive	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 Amount \$200.00
^{City} Mason	Stal te OH	Zip Code 45040	Form (Cash, Check, etc.) check
Full Name of Contributor Timothy S. Horton			Registration Number, if PAC
Street Address 4497 Flower Garden Drive	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 Amount \$150.00
City New Albany	Stal te OH	Zip Code 43054	Form (Cash, Check, etc.) Check
Full Name of Contributor John J. Chester, Jr.	, , , , , , , , , , , , , , , , , , , ,	•	Registration Number, if PAC
Street Address 65 East State Street, Suite 1000	Employer/Occupa	tion/Labor Organization*	0 4 2 0 0 5 Amount \$50.00
^{City} Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		
\$0.	00	

Total expenditures this event.



^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_4/6/05
1.0
Page

Prescribed by Secretary of State 03/05

N - 6C						
Name of Committee in Full						
Full Name of Contributor			Registr	ation Nu	mber, if	PAC
James v. Maniance		· · · · · · · · · · · · · · · · · · ·				
Street Address 155 W. Main Street, 605 Waterford Tower	Employer/Occupation/Labor Organization*		0 4	2 0	0 5	Amount \$50.00
City	Sta te	Zip Code			ck, etc.)	
Columbus	OH	43215	chec			
Full Name of Contributor	<u>.</u>		Registr	ation Nu	mber, if	PAC
John Lowe	···			T ~3	1 22	
Street Address 362 Piedmont Road		tion/Labor Organization*	0 4			
City	Stal te	Zip Code			ck, etc.)	
Columbus	OH	43214	ched		1 16	200
Full Name of Contributor Chester Willcox & Saxbe			Registi	ation Nu	mber, if	
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
65 E. State Street, Suite 1000	3.1.	la o i	0 4	1 1		
City Columbus	State	Zip Code 43215	chec		eck, etc.)	
Full Name of Contributor	OH	43213			mber, if	PAC
Full Name of Contributor			Registr	ation Nu	moei, ii	
Street Address	Employer/Occupa	tion/Labor Organization*	М	D	Y	Amount
City	State OH	Zip Code	Form (C	Cash, Che	eck, etc.)	
Full Name of Contributor	- · · · · · · · · · · · · · · · · · · ·		Registr	ation Nu	mber, if	PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
City	Stalte OH	Zip Code	Form (C	Cash, Che	ck, etc.)	
Full Name of Contributor			Registr	ation Nu	mber, if	PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
City	Stal te OH	Zip Code	Form (Cash, Ch	eck, etc.)	
Full Name of Contributor			Registi	ation Nu	mber, if	PAC
Street Address	Employer/Occupa	tion/Labor Organization*	M	D	Y	Amount
City * Description for contributions from individuals over \$100 to statewing	State OH	Zip Code			eck, etc.)	

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total conti	ibutions this event	/
	400-00-0	7 /
181	30.7 0	
41,	25,100	_ v

Total expenditures this event.

\$0.00

Page Total \$ 1,100.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_4/12/05
Event Date
Page 20

Prescribed by Secretary of State 03/05

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Shelley Young			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1914 Tewksbury Road			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor			Registration Number, if PAC
Montford S. Will			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
7712 Charlotte Hull Court	2	Ta: a .	0 4 2 0 0 6 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus /	OH	43221	check
Full Name of Contributor			Registration Number, if PAC
David B. Perry			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
6651 Dutch Lane Road			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Johnstown	OH	43031	check
Full Name of Contributor			Registration Number, if PAC
George N. Simpson			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
605 South Front Street, Suite 200			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Richard A. Talbott			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
4236 Shire Cove Road			0 4 2 0 0 5 \$500.00
City	State	Zip Code	Form (Cash, Check, etc.)
Hilliard	OH	43026	check
Full Name of Contributor			Registration Number, if PAC
Robert J. Weiler, Jr.			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
41 South High Street, Suite 2200			0 4 2 0 0 5 \$500.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	1	•	Registration Number, if PAC
Richard J. Conie			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
3900 Tarrington Lane			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	check
* D	4 11 10 11	11	the in a life and leaved the accountion and the name of

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total conti	ributions this event
	, 1
	\$0.00
	$\psi 0.00$
	1 1

Total expenditures this event.

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 4/12/05	
Page Al	

Prescribed by Secretary of State 03/05

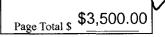
Name of Committee in Full			
Full Name of Contributor Richard P. Conie		·····	Registration Number, if PAC
Street Address 2939 Halstead Road	Employer/Occupation/Labor Organization*		M 4 2 0 0 5 Amount \$500.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check
Full Name of Contributor G. Bradford Johnson		-	Registration Number, if PAC
Street Address 1375 Briarcliffe Drive		on/Labor Organization*	M D Y Amount \$500.00
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc.) check
Full Name of Contributor Robert B. Barnett, Jr.			Registration Number, if PAC
Street Address 5087 Oakmont Place		on/Labor Organization*	M D Y Amount \$500.00
City Westerville	Stal te OH	Zip Code 43082	Form (Cash, Check, etc.) check
Full Name of Contributor Larry D. Clark			Registration Number, if PAC
Street Address 1335 Dublin Rd, Ste. 210D		on/Labor Organization*	M D Y Amount 5500.00
Columbus	State OH	43215	Form (Cash, Check, etc.) check
Full Name of Contributor Gary B. Gitlitz			Registration Number, if PAC
Street Address 235 Stanbery Ave.		on/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City Bexley	OH Stal te	Zip Code 43209	Form (Cash, Check, etc.) Check
Full Name of Contributor Jack L. Mautino, III			Registration Number, if PAC
Street Address 8201 Deep Run		on/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
Powell	OH,	Zip Code 43065	Form (Cash, Check, etc.) check
Full Name of Contributor Lori Steiner			Registration Number, if PAC
Street Address 8134 Crossgate Court North		on/Labor Organization*	0 4 2 0 0 5 \$500.00
City Dublin	Stalte OH	Zip Code 43017	Form (Cash, Check, etc.)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total conti	ributions this event
	A A A A
	\$0.00

Total expenditures this event.



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Event Date 4/12/05 Page **28**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full		**************	
Full Name of Contributor James V. Maniace			Registration Number, if PAC
Street Address 155 West Main Street	Employer/Occupa	ation/Labor Organization*	M 4 D Y Amount \$100.00
City Columbus	Stal te OH	Zip Code 43215	Form (Cash, Check, etc.) Check
Full Name of Contributor Robert S. Long			Registration Number, if PAC
Street Address 2064 Waltham Road		ation/Labor Organization*	0 4 2 0 0 5 \$100.00
City Upper Arlington	Stal te OH	Zip Code 43221	Form (Cash, Check, etc.) check
Full Name of Contributor M.D. Zelnik	····		Registration Number, if PAC
Street Address 500 Trillium Drive		ation/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City Galloway	Stal to OH	Zip Code 43119	Form (Cash, Check, etc.) check
Full Name of Contributor Mark A. Wagenbrenner			Registration Number, if PAC
Street Address 3075 River Thames Street		ation/Labor Organization*	M D Y Amount \$500.00
City Columbus	Stal te OH	Zip Code 43221	Form (Cash, Check, etc.)
Full Name of Contributor Mehmet B. Tin			Registration Number, if PAC
Street Address 2597 Coltsbridge Drive		ation/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City Lewis Center	OH Stal te	Zip Code 43035	Form (Cash, Check, etc.) check
Full Name of Contributor Seyman L. Stern			Registration Number, if PAC
Street Address 2728 Brentwood Road		ation/Labor Organization*	0 4 2 0 0 5 Amount \$250.00
City Columbus	OH,	Zip Code 43209	Form (Cash, Check, etc.) check
Full Name of Contributor Michael A. Simpson			Registration Number, if PAC M D Y Amount
Street Address 255 South Ardmore Road		ation/Labor Organization*	0 4 2 0 0 5 \$500.00
City Bexley	Stal te OH	Zip Code 43209	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total	contributions	this	event
$\overline{}$			

\$0.00

 $Total\ expenditures\ this\ event.$

\$0.00

Page Total \$ \$2,450.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 4/12/05	
Page 23	

Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
Larry H. James			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
One Miranova Place			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	•	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Federick L. Ransier			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1801 East Long Street	Cult	[7], C. 1.	0 4 2 0 0 5 \$100.00 Form (Cash, Check, etc.)
City	Stal te OH	Zip Code 43203	check
Columbus Full Name of Contributor	UII	43203	Registration Number, if PAC
Carol Sheehan Smithberger			Registration Pulmon, it The
Street Address	Ermlover/Occum	ation/Labor Organization*	M D Y Amount
7658 Footermill Lane	Employer/Occup	ation/Labor Organization	0 4 2 0 0 5 \$500.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH [°]	43235	check
Full Name of Contributor			Registration Number, if PAC
James C. Shaw			
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
2505 Dorset Road			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43221	check
Full Name of Contributor Charles R. Santer			Registration Number, if PAC
Street Address	Employer/Occup	ation/Labor Organization*	M D Y Amount
1320 McCoy Road			0 4 2 0 0 5 \$500.00
City	Starte	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43220	
Full Name of Contributor Douglas R. McCloud			Registration Number, if PAC
Street Address 1666 Birdsong Court	Employer/Occup	ation/Labor Organization*	0 4 2 0 0 5 Amount \$250.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Blacklick	OH	43004	check
Full Name of Contributor Goldman & Associates			Registration Number, if PAC
Street Address 454 E. Main Street, Suite 227		ation/Labor Organization*	0 4 2 0 0 5 Amount \$500.00
City Columbus	Sta te OH	Zip Code 43215	Form (Cash, Check, etc.) check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event			
\$0.00			

Total expenditures this event.

\$0.00

Page Total \$ 2,850.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date_ 4/12/05	
Page 24	

Prescribed by Secretary of State 03/0

Name of Committee in Full			
Full Name of Contributor			Registration Number, if PAC
William R. Heifner			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
3215 Rocky Fork Place			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Gahanna	OH	43230	check
Full Name of Contributor			Registration Number, if PAC
Build PAC of Central Ohio			M D Y Amount
Street Address 495 Executive Campus Drive	Employer/Occupa	ation/Labor Organization*	0 4 2 0 0 5 \$1,000.00
City City	Sta te	Zip Code	Form (Cash, Check, etc.)
Westerville	OH	43082	check
Full Name of Contributor	011	.5002	Registration Number, if PAC
Columbus Realty Investments			
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
191 W. Nationwide Blvd., Suite 200			0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor			Registration Number, if PAC
State Street Capital Funding II		· · · · · · · · · · · · · · · · · · ·	
Street Address 191 W. Nationwide Blvd., Suite 200	Employer/Occupation/Labor Organization*		0 4 2 0 0 5 \$500.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor Crabbe, Brown & James			Registration Number, if PAC
Street Address 500 South Front Street, Suite 1200	Employer/Occupa	ation/Labor Organization*	0 4 2 0 0 5 Amount \$1,000.00
City	Stal te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43215	check
Full Name of Contributor	·		Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		1	Registration Number, if PAC
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y Amount
City	Stal te OH	Zip Code	Form (Cash, Check, etc.)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Expenditures

Page **25**

Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce For Columbus City Cour	ncil Committee		-	7
To Whom Paid		-	M D Y Amount	┨,
Key Bank Address	Purpose		0 1 2 7 0 5 \$18.00	16
88 East Broad Street	Bank Ch	narges		
City Columbus	State OH	Zip Code 43215	Check Number N/A	
To Whom Paid Key Bank			0 1 2 8 0 5 \$78.00	V
Address 88 East Broad street	Purpose Bank Ch	narges		
City Columbus	State OH	Zip Code 43215	Check Number N/A	
To Whom Paid Key Bank			M D Y Amount 0 2 0 3 0 5 \$150.00	V
Address 88 East Broad Street	Purpose Bank Ch	narges		
^{City} Columbus	State OH	Zip Code 43215	Check Number N/A	
To Whom Paid Franklin County Board of Elections			M D Y Amount 0 3 0 3 0 5 \$45.00	\neg
Address	Purpose Filing fe	е		1
City Columbus	State OH	Zip Code 43215	Check Number 1216	
To Whom Paid Tacticaledge			M D Y Amount 0 3 0 8 0 5 \$4,000.00	$\neg \nu$
Address 929 Harrison Ave., Suite 305	Purpose Consulti	ng fees		
City Columbus	State OH	Zip Code 43215	Check Number 1218	
To Whom Paid Tacticaledge	* *************************************		M D Y Amount 0 3 1 0 0 5 \$1,126.83	V
Address 929 Harrinson Ave., Suite 305	Purpose Consulti	ng fees		1
City Columbus	State OH	Zip Code 43215	Check Number 1219	
To Whom Paid U. S. Postmaster			M D Y Amount \$555.00	V
850 Twin Rivers Dr.	Purpose Postage			
City Columbus	State OH	Zip Code 43216	Check Number 1220	
To Whom Paid Tacticaledge	**************************************		M D Y Amount 0 3 3 0 0 5 \$200.00	٦,
Address 929 Harrison Ave., Suite 305	Purpose Consulti	ng Fees		
City Columbus	State OH	Zip Code 43215	Check Number 1225	
L				_

Statement of Expenditures

Page **26**

Prescribed by Secretary of State 2/01

				_
Name of Committee in Full Kevin L. Boyce For Columbus City Counci	I Committee	9		
To Whom Paid	· · · · · · · · · · · · · · · · · · ·	7	M D Y Amount	┪
Tacticaledge			0 3 3 0 0 5 \$292.50] '
Address 929 Harrison Ave., Suite 305	Purpose Office St	upplies, Banner		
City Columbus	State OH	Zip Code 43215	Check Number 1226	
To Whom Paid	<u> </u>		M D Y Amount 0 3 3 0 0 5 \$150.00	٦,
U. S. Postmaster	Purpose		0 3 3 0 0 3 \$150.00	-
850 Twin Rivers Dr.	Postage			╛
City Columbus	State OH	Zip Code 43216	Check Number 1228	
To Whom Paid			M D Y Amount	٦,
Felicia Sowell	In		0 4 0 1 0 5 \$500.00	- `
Address 2677 Clubhouse Drive	Purpose Contribu	ition		
City	State	Zip Code	Check Number	
Columbus	OH	43211	1229	
To Whom Paid			M D Y Amount	٦,
Graphic T's Inc.	Duman		0 4 0 6 0 5 \$1,363.20	4
532R Main Street	Purpose T-shirts			
Grove port	State OH	Zip Code 43 13.5	Check Number 1230	
To Whom Paid	011	1,-	M D Y Amount	٧.
Target			040605 85.61	_]′
Good Samill Road	Purpose Office S	upplies		
City	State	Zip Code	Check Number	
Columbus	OH	43235	1231	
To Whom Paid			M D Y Amount	٦,
Tacticaledge			0 4 1 4 0 5 \$275.00	_ 1
929 Harrison Ave., Suite 305	Purpose Photography			
City Columbus	State OH	Zip Code 43215	Check Number 1232	
To Whom Paid	OH	40210	M D Y Amount	
Carlton Weddington For School Baord			0 4 1 4 0 5 \$100.00	'
Address 65 E. State St., Ste., 200	Purpose Contribution			:
City	State	Zip Code	Check Number	
Columbus	OH	43215	1233	
To Whom Paid Andrea Peeples For Judge			M D Y Amount 0 4 1 4 0 5 \$100.00] /
Address	Purpose			1
	Contirbu	tion		
City	State	Zip Code	Check Number	
· · · · · · · · · · · · · · · · · · ·	ОН		1234	

Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full Kevin L. Boyce For Columbus	City Council Committee)		
To Whom Paid Expenditures from Form 31-	·F		M D Y Amount 0 3 0 0 5 \$1,256.33	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	·
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	·
Address	Purpose	_		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose	oren-rankenski (* ² - 1		
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid		·	M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	

Event Date	3/30/05
Page 28	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

Name of Committee in Full					
To Whom Paid	,: <u>.</u>		M D Y	Amount	
Tacticaledge			0 3 1 0 0 5	\$475.04	
Address	Purpose	_			
929 Harrison Ave., Suite 305	Invitation		Charle Number		
City	State OH	Zip Code 43215	Check Number		
Columbus To Whom Paid	I On	43213	1221	Amount	
Columbus Music Hall			0 3 1 8 0 5	B C	
A ddraga	Purpose		10 0 11 0 10 0	Ψ100.00	
734 Oak street_	Facility F	Rental			
City	State	Zip Code	Check Number		
Columbus	OH	43302	1222		
To Whom Paid			M D Y	Amount	
Columbus Music Hall	Purpose		0 3 3 0 0 5	\$90.00	
734 oak Street	Facility F	Rental			
City	State	Zip Code	Check Number		
Columbus	OH	43205	1223		
To Whom Paid			M D Y	Amount	
Tacticaledge			0 3 3 0 0 5	\$63.29	
Address	Purpose				
929 Harrison Ave.	Envelope				
City	State	Zip Code	Check Number		
Columbus To Whom Paid	OH	43215	1224 M D Y	Amount	
Tacticaledge			$\begin{bmatrix} & M & & D & D & Y \\ 0 & 3 & 3 & 0 & 0 & 5 \end{bmatrix}$		
Address	Purpose			0 4020.00	
929 Harrison Ave.	catering				
City	State	Zip Code	Check Number		
Columbus	OH	43215	1227		
To Whom Paid			M D Y	Amount	
Address	Purpose				
City	Sta te	Zip Code	Check Number		
City	OH	Lip cour	Oncor Pramosi		
To Whom Paid	[0]1		M D Y	Amount	
Address	Purpose	·			
City	State	Zip Code	Check Number		
	OH				

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$1,256.33
Page Total \$ _____